who were redeployed from other departments in the hospital. Repeat testing was performed to allow consideration of discontinuation of isolation precautions. During the surge of community cases from March 16 to April 30, 2020, we identified patients with negative PCR tests who subsequently had repeat testing based on clinical evaluation, with 7.1% (39/551) returning positive for SARS- CoV2. Of the patients who expired due to COVID-19 during this period, 4.3% (9/206) initially tested negative before ultimately testing positive.

Figure 1 BH RO testing Epicurve



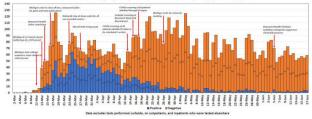


Figure 2: Screening tool for repeat COVID19 testing and precautions
Epidemiology COVID-19 Isolation Removal Screening
Admission Date: @admitdt@

-		
Yes	No	
	□ 1.	Does the patient have an abnormal chest x-ray, compared to prior, without an alternative explanation (such as CHF)?
	2.	Are the patient's LFTs abnormal without alternative explanation (such as cholecystitis)?
	3.	Is the patient's renal function abnormal without alternative explanation (such as CHF, CKD, chronic dialysis)?
	4.	Does the patient have a non-chronic low lymphocyte (not total WBC) count?
	5.	Has the patient had a fever of 100.3 F or greater within the past 72 hours that does not have an alternative explanation (such as post-op fever, cellulitis, abscess, etc)?
	6.	Does the patient have any non-improving hypoxia that does not have an alternative explanation or normal for baseline (such as COPD, CHF, asthma)?
	7.	Did the patient already have a positive rapid influenza/RSV NAAT, respiratory viral panel, atypical respiratory bacterial NAAT panel, Legionella urine antigen, or Streptococcus pneumoniae antigen which would explain illness?

Patient REMOVED from COVID-19 isolation precautions. First six responses are no OR seventh response is yes, patient discussed with primary attending and/or ID physician and the bedside nurse, and no lingering concerns for COVID-19 reported. (May need to maintain in droplet isolation)

COVID-19 isolation precautions CONTINUED and repeat testing ordered if <u>appropriate</u>. At least one of first six response is yes AND seventh response is no, or the attending, ID physician or bedside nurse have lingering COVID-19 concerns.

#### Please see comments below:

**Conclusion:** Many state and hospital initiatives helped us flatten the curve for COVID-19. Our hospital testing experience indicate that repeat testing may be warranted for those patients with clinical features suggestive of COVID-19. We will further analyze these cases and clinical features that prompted repeat testing.

Disclosures: All Authors: No reported disclosures

### 459. Outcomes and Factors Associated with a SARS-CoV-2 Positive Test in Asymptomatic and Symptomatic Healthcare Workers of a Mexican Hospital Converted to Treat COVID-19 Patients

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# Session: P-14. COVID-19 Epidemiology and Screening

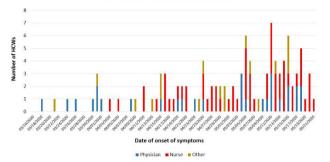
**Background:** Starting on 03/16/2020, the hospital was converted to attend only patients with COVID-19. A surveillance program for healthcare workers (HCWs) that included free in-site medical consultation and RT-PCR for detection of SARS-CoV-2 was initiated. On 04/28/2020, screening of HCWs was started to detect asymptomatic carriers. We report the results of such programs updated to 05/21/2020.

**Methods:** Sex, worker category, working area, use of personal protective equipment, date of screening, date of onset of symptoms and home address were retrieved from electronic databases. Logistic regression was done to identify factors associated with being a COVID-19 case or carrier, with p< 0.05 being significant. Odds ratios and incidence densities were calculated.

**Results:** Of 2566 HCWs in the hospital, 976 (38.0%) underwent screening and 41 (4.2%) were positive for SARS-CoV-2 (7.4 carriers x 10,000 person-days; median

follow-up of 55.5 days); none of the latter were diagnosed with COVID-19 after completing a 14-day follow-up. Of HCWs with negative screen results, 6 (0.6%) ultimately developed COVID-19 after a median of 10 days (1.1 cases x 10,000 person-days). Of 232 symptomatic HCWs that did not undergo basal screening, 131 (56.5%) were diagnosed with COVID-19 (8.8 cases x 10,000 person-days). Ten COVID-19 cases (7.6%) were hospitalized and all were discharged without complications after a median hospital stay of 9 days. Factors associated with COVID-19 were working in a non-clinical area (OR=9.3, 95% CI=1.1-78.6) and being a nurse (OR=1.9, 95% CI=1.1-3.4). Factors associated with being a carrier were living in the State of Mexico (OR=3.7, 95% CI=1.8-8.0) and being a hospital cook (OR=3.7, 95% CI=0.01-0.5). Wearing a face mask at all times tended to be associated with not being a carrier. Hospital epidemic curves closely ressembled those of the community (Mexico City). Hospital Epidemic Curve, 03/16/2020 - 05/21/2020

#### Healthcare Workers Diagnosed with COVID-19



**Conclusion:** This study suggests that factors present inside and outside of the hospital are associated with COVID-19 and asymptomatic carriage in HCWs. This information is of utmost importance for infection prevention and control policies. Additionally, a lower percentage of severe cases and no deaths were observed in this cohort as compared to others.

Disclosures: All Authors: No reported disclosures

### 460. Point-of-Care, In-Home SARS-CoV-2 IgG Antibody Testing to Assess Seroprevalence in At-Risk Health Care Workers

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## Session: P-14. COVID-19 Epidemiology and Screening

**Background:** Health care workers are at significant risk for infection with the novel coronavirus SARS-CoV-2.

**Methods:** We utilized a point-of-care, lateral flow SARS-CoV-2 IgG immunoassay (RayBiotech) to conduct a seroprevalence study in a cohort of at-risk health care workers (n=339) and normal-risk controls (n=100) employed at an academic medical center. To minimize exposure risk while conducting the study, consents were performed electronically, tests were mailed and then self-administered at home using finger stick blood, and subjects uploaded a picture of the test result while answering an electronic questionnaire. We also validated the assay using de-identified serum samples from patients with PCR-proven SARS-CoV-2 infection.

**Results:** Between April 14<sup>th</sup> and May 6<sup>th</sup> 2020, 439 subjects were enrolled. Subjects were 68% female, 93% white, and most were physicians (38%) and nurses (27%). In addition, 37% had at least 1 respiratory symptom in the prior month, 34% had cared for a patient with known SARS-CoV-2 infection, 57% and 23% were worried about exposure at work or in the community, respectively, and 5 reported prior documented SARS-CoV-2 infection. On initial testing, 3 subjects had a positive IgG test, 336 had a negative test, and 87 had an inconclusive result. Of those with an inconclusive result who conducted a repeat test (85%), 96% had a negative result. All 3 positive IgG tests were in subjects reporting prior documented infection. Laboratory validation showed that of those with PCR-proven infection more than 13 days prior, 23/30 were IgG positive (76% sensitivity), whereas 1/26 with a negative prior PCR test were seropositive (95% specificity). Repeat longitudinal serologic testing every 30 days for up to 4 times is currently in progress.

**Conclusion:** We conducted a contact-free study in the setting of a pandemic to assess SARS-CoV-2 seroprevalence in an at-risk group of health care workers. The only subjects found to be IgG positive were those with prior documented infection, even though a sub-stantial proportion of subjects reported significant potential occupational or community exposure and symptoms that were potentially compatible with SARS-COV-2 infection.

Disclosures: All Authors: No reported disclosures

# 461. Presentation and Demographics of Veterans Tested for COVID-19 Infection

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